ANNUAL REPORT OF OPERATIONS FOR YEAR _____ January 1st to December 31, 2019

		Idaho Fish Process	ors Perm	it			
I. Facility Name:				NPDES # IDG132001			
Clear Springs Foods Processing II							
Operator Name (Permittee):				Phone: (208) 543-3488			
Clear Springs Foods, Inc.							
Address:				Fax: (208) 543-4332			
1581 Clear Lake Road Buhl, Idaho 83316					E-Mail:jeff.je	munson@clearsprings.com	
Owner Name (if different from	m onoreto						
owner Name (if different from operator							
II. Annual Production: Number of pounds of fish processed in the year: 0 pounds							
III. Noncompliance Summary:							
Include description & dates of noncompliance, the reasons for such incident, and the steps taken to correct the							
problem. Attach additional pages, if necessary.							
There was no periods of noncompliance in 2019.							
IV. Best Management Practices (BMP) Plan							
BMP Plan has been reviewed this year. X Yes No							
BMP Plan fulfills the requirements set forth in the permit: X Yes No							
Summarize changes in the BMP Plan since last annual report:							
Facility Shuttered							
V. Land application of solids and/or irrigation with wastewater							
Attach Maps of Application Sites . (Note: IDAPA 58.01.02.650 requires IDEQ approval for solids disposal on land)							
Date Legation and Agreese of Application Solids Applied in Wastewater Applied							
Date	Date Location and Acreage of Application			Cubic Yards or Pounds in Gallons			
Facility Shuttered - No land appilcation of solids or wastewater Yearly Total							
VI. Chemical Usage (including pesticides and drugs)							
Chemical		Date or # days used		Maximum concentration in effluent (actual or estimated)			
		Facility Shuttered					
VII. Inspections and Repairs fo	ater Treatment Systems						
Date Inspected		Date Repaired		Description of system inspecte		ected and/or repaired	
				has been shuttered. If has been remodeled for offices and storage use.			
VIII. Signature & Certification							
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed							
to assure the qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."							
Signature:				Title/Company: President / Clear Springs Foods, Inc.			
Print Name: Jeff Jermunson			Date:	resident and (,2020		